

(Check all that apply.)

Change purpose(s) of use Add purpose(s) of use

Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal

### STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

RECEIVED

DFC 16 2011

FOR OFFICE USE ONLY

CHANGE No. C54-30053 (P) 10 1

DATE ACCEPTED 12 127 2011 BY

For filing with Ecology or with County Conservancy Boardsent OF ECOLOGY - CENTRAL REGIONAL OFFICE

## A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

CHECK No. SEPA: D Exempt D Not exempt				
	R TYPE CLEARLY)**			
	FAX NO.			
1000 001 1170				
STATE	ZIP CODE			
WA	99350			
PHONE NO.	FAX NO.			
(509-894-4773	( )			
STATE	ZIP CODE			
	CHECK No.  SEPA: D Exempt D  SHEETS (PLEASE PRINT O  PHONE NO. 509-894-4773  STATE VVA  PHONE NO. (509-894-4773			

ECY 040-1-97 (6/04)

2. Water Right Information:

C54-30053(P)Pel

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WATER RIGHT OR CLAIM NUMBER See Attachments	RECORDED NAME(S)
DO YOU OWN THE RIGHT TO BE CHANGED? YES/NO (OW	ner and Water Manager)
IF NO, PROVIDE OWNER(S) NAME:: Owner and Water N	Manager for System
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST F	IVE (5) YEARS? YES

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

		FOR OFFICE USE ONL	Υ
APP. NO	PERMIT NO	CERT. NO	CERT. OF CHANGE NO

## 3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Surface Water	1	NE	NE	6	4	24		
						EWM		

B. Proposed (All Within)

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
No Change						<b>元</b> 英雄		
			1 3 3 3					

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING:

YES

PROPOSED: YES

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: Note:

A Fristing

Attachment's

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation			Feb. 1 to Nov. 15
Irrigation			
Irrigation			

**B.** Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same			Feb. 1 to Nov. 15 730 acres

# 5. Place of Use:

A. Existing

Sar	ne as o				es (available from BCV		t) and all withir
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
			4N and 5N	R.23 and 24 EWM	Benton and Klickitat	AndSee attachments	

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES and Land Water Manager

B. Proposed (for additional place of use per Conservation O&M)

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
		15	5N	23 EWM	Klickitat	AndSee attachments	320 Total
	NE	20	5N	23 EWM	Klickitat		120 Total
	N1/2	21	5N	23 EWM	Klickitat		290 Total

Attach a detailed map of your proposed change/transfer. The p should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

NO

#### **Remarks and Other Relevant Information:**

The applicant seeks to use the existing perfecte irrigation of vineyards, taking advantage of new			
IF FOR SEASONAL OR TEMPORARY, START DATE _	3-01-2012	END DATE11-30-2012	

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

## 6. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

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ling	12/02/11
(Applicant)	(Date)
M	12/02/11
(Water Right Holder)	(Date)
" Kus	12/02/11
(Land Owner(s) of Existing Place of Use)	(Date)

## MPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	FOR THE FOLLOWING REASON(S):	
☐ APPLICATION FEE NOT ENCLOSED	MAP NOT INCLUDED or INCOMPLETE	
☐ ADDITIONAL SIGNATURES REQUIRED	□ SECTION IS INCOMPLETE	
OTHER/EXPLANATION:		
STAFF:	DATE://	